

MENGHAM JUNIOR SCHOOL



Supporting Children with Medical Conditions

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Meningham Junior School **Supporting Children with Medical Conditions**

Introduction:

This policy sets out how the Mengham Junior School will support pupils with medical conditions. It has been written with due regard for the 2015 Department for Education document (DfE) 'Supporting pupils at school with medical conditions' which was issued under section 100 of the Children and Families Act 2014. This places a duty on governing bodies to make arrangements for supporting pupils at school with medical conditions.

As stated in the DfE guidance, governing bodies, *'must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.'*

Aim:

The aim of this policy is to ensure that all children with medical conditions are fully supported at Mengham Junior School and that parents feel confident that the school will provide effective support for their child's medical condition and the pupil feels safe.

Principles:

- When planning to meet children's medical needs, the school will focus on the needs of each individual child and how their medical condition impacts on their school life.
- The school will work in partnership with parents, healthcare providers and the child concerned when planning to meet an individual's medical needs.
- Staff involved in supporting pupils with medical conditions will receive appropriate training.
- Children with medical conditions will not be denied admission or prevented from taking up a place in school because arrangements for their medical conditions have not been made.
- Mengham Junior School aims to include all pupils with medical conditions in all school activities.
- In line with safeguarding duties, the school will ensure that the pupil's health and the health of the school population is not put at unnecessary risk from, for example, infectious diseases. The school therefore does not have to accept a child in school at times when it would be detrimental to the health of that child or others to do so. In such cases, the school would seek advice from medical professionals and / or the Health and Safety Executive.
- The school will have plans in place to support children who need reintegration after a period of absence due to ill health.

Roles and Responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Mengham Junior School's ability to provide effective support will depend on working co-operatively with other agencies, where necessary. Partnership working between school staff, healthcare professionals, local authorities, parents and pupils. The partnership between these groups will ensure that the needs of pupils with medical conditions are effectively met.

The headteacher is responsible for:

Ensuring that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The headteacher should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual health care plans, including contingency and emergency situations. This may involve

recruiting a member of staff for this purpose. The headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but has not yet been brought to the attention of the School Nurse.

The Governing Body is responsible for:

Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. They should also ensure that members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Teaching and support staff are responsible for:

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of Teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse is responsible for:

Notifying the school when a child has been identified as having a medical condition, where that child will require support in school. Whenever possible, they should do this before the child starts at school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan, and provide advice and liaison, for example on training. School Nurses can liaise with Lead Clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals, including GPs and Paediatricians:

Should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They should correspond with school to share information regarding children with ongoing medical conditions. They may provide advice on developing healthcare plans and may be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

Pupils with Medical Condition (where appropriate):

Are often best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents:

Should provide the school with sufficient and up-to-date information about their child's medical needs. They should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. They must ensure all medicines (including over the counter products – OTC) are prescribed by a healthcare professional, i.e. GP. Medicines that have not been prescribed by a healthcare professional for a child, will only be administered at school in exceptional circumstances and in the case of an emergency. If a child requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short-term medical requirement. Parents must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. The medicine must be in date and any contents labelled with a pharmacy label, for example, inhalers.

- **Please note antihistamines (ie, Piriton or Piritize) will not be administered at school unless prescribed by a GP.**

Local Authorities:

Are commissioners of school nurses. Under section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education. They should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. They should work with schools to support pupils with medical conditions to attend full time. Where a pupil would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. The statutory guidance for local authorities, *Ensuring a good education for children who cannot attend school because of health needs*, January 2013, sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Procedure to be followed when notification is received that a new or existing pupil has a medical condition:

Step 1: School receives notification that a new or existing pupil has a medical condition (this could be from parents, from the school application form, the school nurse team, other medical professionals or another school).

Step 2: School gathers information about medical condition (usually in the form of a meeting with parents, relevant medical professionals and child where appropriate. In cases where child is transferring from another school, this would include relevant staff from that school). The school will contact the school nurse at this stage if they are not already involved.

Step 3: School work with medical professionals, parents and child to decide whether an Individual Healthcare Plan (IHCP Annex B) is required.

Step 4: IHCP is written and all staff involved in the plan are fully informed. The training needs of staff and any additional equipment required in school will be identified by this process.

Step 5: Once the IHCP is agreed, detailed information is provided to relevant staff. All staff will then receive an outline of a child's needs including key information in relation to the teaching/school environment.

Step 6: IHCP is reviewed on at least an annual basis but sooner if there are a change to the child's needs.

Individual Health Care Plans:

It is the responsibility of a Headteacher to ensure IHCPs are written and reviewed. In most cases, the writing of the plan will be delegated to an appropriate member of staff.

Healthcare plans provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed.

They will often be essential and are helpful where a child's medical condition is long-term and complex. However, not all children will require an IHCP. The school, healthcare professional and parent should decide whether an IHCP is appropriate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

A flowchart for developing individual healthcare plans can be found in Annex A. A template for individual healthcare plans can be found in Annex B.

Staff Training and Support:

Any member of school staff providing support to a pupil with medical needs will receive suitable training.

The nature of that training and the training provider will entirely depend on the child's needs as outlined in the IHCP. In many cases, the school will work with local healthcare providers i.e. school nurse, diabetic nurse to support staff and to ensure all staff gain the knowledge and skills required.

Due to the wide variety of medical needs, it may not be possible for staff to have received sufficient training in advance to cover all medical conditions. At the point of writing the IHCP, training needs will be identified and appropriate training organised. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Staff expertise and training requirements will be reviewed each year as the IHCP is reviewed and as part of the annual school training audit. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

The school will endeavour to provide all staff with on-going training and updates for the most common medical conditions e.g. asthma, anaphylaxis. This will be reviewed and planned each year. Staff will be briefed about any major updates through regular staff / teaching assistant meetings or policy review.

At the start of each year and through the induction process, all staff will be asked to read this policy and their role in implementation.

Involving Children in the Individual Health Care Plan:

After discussion with parents, the school will aim to ensure that children become increasingly competent and independent in managing their own health needs as is appropriate. This will be captured in the annual IHCP. This could include children having access to their own medicines and administering their medicines in line with their IHCP.

Managing Medicines on School Premises:

See school Administrations of Medicines policy.

Emergency Procedures:

The school has in place an emergency procedure for general emergencies (see Critical Incident Policy).

Where an IHCP exists, it should always include what constitutes an emergency and what procedures should be followed in such circumstances.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day Trips, Residential Visits and Sporting Activities:

As part of any trip off-site, a pre-trip checklist and risk assessment is completed. This will ensure that staff consider how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Asthma and Asthma Inhalers:

Children can be affected by asthma to differing levels of severity. In some cases, an Individual Health Care Plan will be required but not in all cases. Decisions will be made on a case-by-case basis and in consultation with parents and relevant health professionals.

The school is able to store children's inhalers safely. These are kept in individual wallets in the classroom wing areas for immediate access as required. An asthma inhaler record sheet will be provided for each child to be kept with their inhalers. These are collected at the end of the year and archived. Children are told upon joining if relevant to them or at the start of each term how to access their inhalers when required. Inhalers are taken with children during any physical activity (P.E. and swimming) and are taken on all school trips.

It is the parents' responsibility to ensure that children's ventolin inhalers are in date.

Emergency Asthma Inhalers:

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler where possible.

Allergies:

All pupils at risk of anaphylaxis should have an allergy action plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan should include First Aid procedures for the administering of adrenaline. The plans are medical documents, and should be completed by a child's healthcare professional, in partnership with parents/ carers. Completed plans will be kept in the medical room, on the health and safety board in the staffroom and in the school kitchen. Upon joining the school, all staff should be informed of the risks and the allergy action plan. All staff will undertake allergen awareness training annually to ensure confidence and competence. A risk assessment will be created and shared with all members of staff.

School menus will be made available on the school website for parents to view with the ingredients clearly labelled.

Adrenaline Auto-injectors (AAIs)

Parents/carers of children at risk of anaphylaxis, will be asked to provide the school with 2 prescribed AAIs. These should be stored safely near the child but be easily accessible in the event of emergency. They must not be locked away. The school also has an emergency AAI that can be administered. Children should know where their AAI is stored at all times. If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the place where the AAI is stored, in order for it to be administered.

It is the parents' responsibility to ensure that the child's AAIs are within the expiry date. The school will return expired medication to parents for safe disposal. Any sharp items such as AAIs should be disposed of safely using a sharps disposal box.

Defibrillator

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. The school has purchased a defibrillator as part of their first-aid equipment. It is located in the school library. The local NHS ambulance service has been informed of its location. Staff members appointed as first-aiders are trained in the use of CPR. Further guidance can be found in the first aid policy.

Unacceptable Practice:

In line with DfE guidance, the school considers that it is not generally acceptable to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send a child to the school office or medical room unaccompanied or with someone unsuitable if they become ill;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

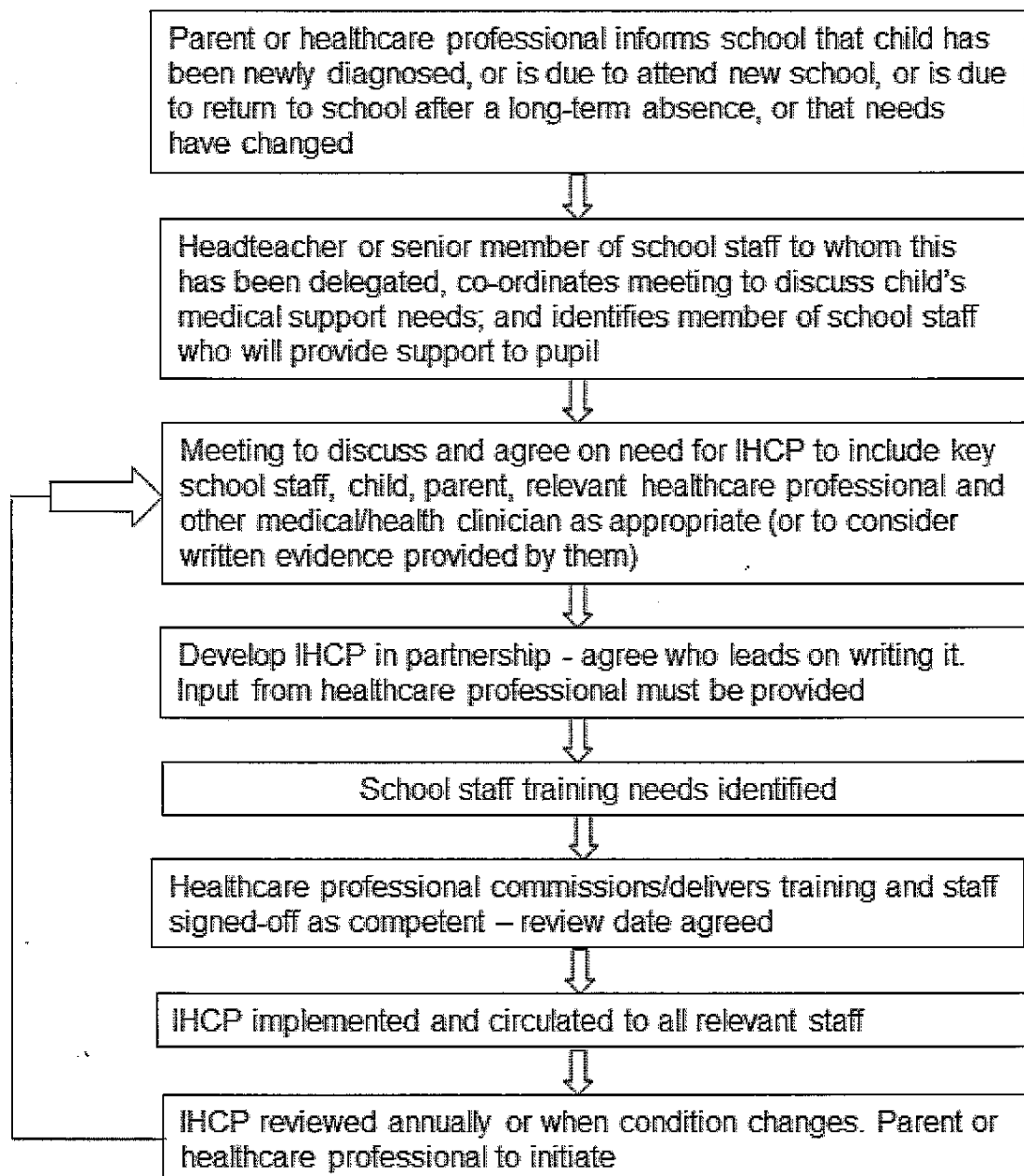
Liability and indemnity

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place.

Complaints

If you have a complaint about how your child's medical condition is being supported in school, please follow the school's complaints procedure.

Annex A: Model process for developing individual healthcare plans



Annex B: Mengham Junior School Individual Health Care Plan



Name

Photo

Individual Healthcare Plan

Name of school

Child's name

Group/class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Signature of Parent/Carer

Date

--	--



Medical Information from Parents/Carers for New Pupils

Please complete the questionnaire below

It is important that all children with medical conditions are supported to make sure that they are able to access their education. Some children with medical conditions may need care or medication to manage their health condition and to keep them well during the school day. Could you please complete the questionnaire below and return it to school as soon as possible so that we are able to assess your child's health needs and make arrangements to support them if necessary. In order to ensure that any medical needs are appropriately met in school we may need to discuss your child's health with the School Nursing service or another health professional who is involved in your child's care.

Name of child Date of Birth

Home Address.....

.....

Does your child have a medical condition/ health concern?

YES ☐ NO ☐

If YES please give details

Does your child have a medical condition/health concern that needs to be managed during the school day?

YES ☐ NO ☐

If YES please give details

Does your child take medication during the school day?

YES ☐ NO ☐

If YES please give details

Does your child have a health care plan that should be followed in a medical emergency?

YES ☐ NO ☐

If YES please give details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing service or other health professionals who are involved in my child's care.

Signature(s) _____ Print Name _____

[Parent/ Carer with parental responsibility]

Date **Contact number** _____